

RECEIVED IN CHAMBERS OF

U.S.D.J. DEARIE

ON: 4/28/11

MEMORANDUM
TO THE HONORABLE RAYMOND DEARIE
Senior United States District Judge

RE: ALOI, Benedetto
DOCKET NUMBER: CR 97-859
NOTICE OF DEATH / REQUEST TO
TERMINATE SUPERVISION


Reference is made to the above-captioned individual, who was sentenced by Your Honor on March 26, 1993, after being found guilty of 18 U.S.C. 1951, Conspiracy to Extort, a class A felony, and 18 U.S.C. 1951, Extortion, a class C felony. The offender was sentenced to two hundred (200) months custody, thirty six (36) months supervised release and a \$100.00 special assessment was imposed. A special condition ordering the offender to pay a \$100,000.00 fine was also imposed. Supervision of this offender commenced upon his release from the Bureau of Prisons on March 17, 2009.

The purpose of this memorandum is to notify the Court of the offender's death on April 7, 2011 as a result of medical complications. The offender was diagnosed with lung cancer and heart disease, but most recently, he was diagnosed with pancreatic cancer and was undergoing chemotherapy treatments.

At this time, the Probation Department respectfully requests that the Court officially terminate the offender's term of supervised release. A copy of the death certificate has been enclosed for the Court's review. We await Your Honor's response.

Respectfully submitted:

EILEEN KELLY
CHIEF U.S. PROBATION OFFICER



Written by: _____
DENNIS STICKLEY
SENIOR U.S. PROBATIONER OFFICER



Approved by: _____
DAVID J. WASHINGTON
SUPERVISING U.S. PROBATION OFFICER

RE: ALOI, Benedetto
DOCKET NUMBER: CR 97-859

THE COURT ORDERS THE FOLLOWING:

Term of Supervised Release Terminated: (s/ Judge Raymond J. Dearie

Sr. U.S.D.J./ Date 4/29/11

Other:

Sr. U.S.D.J./ Date

April 19, 2011

D 0055667

DOM-1961 (10/2009)

NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

RECORDED DISTRICT 2908		REGISTER NUMBER 198		STATE FILE NUMBER	
1. NAME: FIRST MIDDLE LAST Benedetto Aloï			2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		3A. DATE OF DEATH: MONTH DAY YEAR 04 07 2011
3B. HOUR: 2:05p			4A. PLACE OF DEATH: (Check one) HOSPITAL INPATIENT <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify): <input type="checkbox"/>		
4B. NAME OF FACILITY: (If not facility, give address) Winthrop University Hospital			4C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Mineola		4D. COUNTY OF DEATH: Nassau
4E. MEDICAL RECORD NO. 169431			4F. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		
5. DATE OF BIRTH: MONTH DAY YEAR 10 06 1935		6A. AGE IN YEARS: 75 yrs		6B. IF UNDER 1 YEAR: ENTER: months days	
6C. IF UNDER 1 DAY: ENTER: hours minutes		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Brooklyn, N.Y.		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:	
8. SERVED IN U.S. ARMED FORCES? (Specify year) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>			9. DECEASED OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino: A <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify):		
10. DECEASED'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: A <input checked="" type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese J <input type="checkbox"/> Native Hawaiian K <input type="checkbox"/> Guamanian or Chamorro M <input type="checkbox"/> Samoan N <input type="checkbox"/> American Indian or Alaska Native (specify): P <input type="checkbox"/> Other Asian (specify): R <input type="checkbox"/> Other Pacific Islander (specify): S <input type="checkbox"/> Other (specify):			11. DECEASED'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death: 1 <input type="checkbox"/> 8th grade 2 <input type="checkbox"/> 9th-12th grade, no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree		
12. SOCIAL SECURITY NUMBER: 000-00-0000			13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		
14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name. Marie Monteleone			15A. USUAL OCCUPATION: (Do not enter retired) Owner		
15B. KIND OF BUSINESS OR INDUSTRY: Limousine Business			15C. NAME AND LOCALITY OF COMPANY OR FIRM: Ridgewood, NY		
16A. RESIDENCE: (State or County if not USA) New York		16B. County or Region/Province if not USA: Nassau		16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Floral Park	
16D. STREET AND NUMBER OF RESIDENCE: 135 Beech Street			16E. ZIP CODE: 11001		
17. NAME OF FATHER: FIRST MI LAST Sebastiano Aloï			18. MAIDEN NAME OF MOTHER: FIRST MI LAST Rose Griffio		
19A. NAME OF INFORMANT: Marie Aloï			19B. MAILING ADDRESS: (Include zip code) 135 Beech Street Floral Park N.Y. 11001		
20A. 1 <input checked="" type="checkbox"/> BURIAL 2 <input type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> HOLD 5 <input type="checkbox"/> DONATION 6 <input type="checkbox"/> ENTOMBMENT			20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Holy Rood Cemetery		
20C. LOCATION: (City or town and state) Westbury, Long Island			21A. NAME AND ADDRESS OF FUNERAL HOME: D'Angelo Funeral Home 494 Seneca Ave. Ridgewood N.Y. 11385		
21B. REGISTRATION NUMBER: 00407			22A. NAME OF FUNERAL DIRECTOR: Anthony D'Angelo		
22B. SIGNATURE OF FUNERAL DIRECTOR: <i>Anthony D'Angelo</i>			22C. REGISTRATION NUMBER: 00814		
23A. SIGNATURE OF REGISTRAR: <i>C. Lopes</i>			23B. DATE FILED: MONTH DAY YEAR 04 08 2011		
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Cev Lopes, Dep Reg			24B. DATE ISSUED: MONTH DAY YEAR 04 08 2011		
ITEMS 23 THRU 32 COMPLETED BY CERTIFYING PHYSICIAN - OR - CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER					
25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: ANTHONY CORDAROLA License No.: 122018 Signature: <i>Anthony Cordarola</i> Month Day Year 4 8 2011					
25B. If coroner is not a physician, enter Coroner's Physician's name & title: Coroner's Title: 0 <input type="checkbox"/> Attending Physician 1 <input type="checkbox"/> Physician acting on behalf of Attending Physician 2 <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner Address: 271 JERIKHO TURN FLORAL PARK 1100					
25C. If certifier is not attending physician, enter Attending Physician's name & title: Attending physician: 1 21 1994 to 4 7 2011 25D. Deceased last seen alive by attending physician: 4 7 2011 25E. Pronounced: 4 7 2011					
26. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> 27. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 28A. AUTOPSY? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 28B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES					
29. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I - IMMEDIATE CAUSE: (A) ACUTE RESPIRATORY ARREST (B) HEMOPHYSIAS BRONCHIAL ARTERY (C) METASTATIC LUNG CARCINOMA PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): STAGE 4 PANCREATIC CANCER					
30. DATE OF DEATH: MONTH DAY YEAR 04 07 2011					
31A. INJURY DATE: MONTH DAY YEAR 04 07 2011					
31B. INJURY LOCALITY: (City or town and county and state) Floral Park, NY					
31C. DESCRIBE HOW INJURY OCCURRED: 1 HARBOR					
31D. PLACE OF INJURY: 44R					
31E. INJURY AT WORK? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 31F. DATE OF DELIVERY: MONTH DAY YEAR 04 07 2011					
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 33A. IF FEMALE: <input type="checkbox"/> Not pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within past year					
33B. DATE OF DELIVERY: MONTH DAY YEAR 04 07 2011					

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF CERTIFICATE ON FILE IN THE OFFICE OF THE REGISTRAR, 155 WASHINGTON AVE., MINEOLA, NY 11501 - DIST. #2908

CELOSOPES, Dep. REGISTRAR

DISPOSITION: 31B OR OS OCCUR CANCER

CERTIFIER

For use by physician or institution:

NAME OF DECEDENT:

TIME OF DEATH: AM PM